V. S. No. 1

RECORD. Every item of infor-	PHYSICIANS should state	Exact statement of OCCUPA-	
PERMANENT	d EXACTLY	rly classified.	cate.
IS IS A	e stated	e prope	f certific
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
ż	1	-)

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-0)
County Lessesset	Registration Dist. No. 263
	No. Stand JAME instead of street and number) Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Have aden	<u> </u>
(a) Residence: No.) 1 (C. Leure Classes (Usual place of abode)	1 St. 2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. OATE OF BIRTH (month, day, and year) 1877	I last saw h 1 14 alive on Jacob 4, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
5.7 mm/nom 1day,hrs.	The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and the second in this occupation of the second in this pocupation of the second in this pocupation of the second in this occupation of the second in this pocupation of the second in t	January and asteres Date of one et
9 Industry or business in which	of the loves the
work was done, as SILK MILL, SAW MILL, BANK, etc	Caroliti's
10. Oate deceased last worked at this occupation (month and 1932 spant in this occupation)	assector Fredulation
12 PIRTURIAGE (situations) of Co.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Mycconded Tasley
13. NAME Henre ada	
14. BIRTHPLACE (city or town) DUBL.	Name of operation Date of
(State or country)	
15. MAIDEN NAME Lack Cecka-	What test confirmed diagnosis? Westhere an autopsy? 23. If death was due to external causes (VIDLENCE) fill In also the following:
15. MAIDEN NAME del Celario	Accident, suicide, or homicide? Date of injury 19
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Alexander Heliken	(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Ins. Homelin Date Jage 6, 1935	Nature of injury
19. UNDERTAKER Sterre Hethy	24. Was disease or Injury In any way related to occupation of deceased?
(Address) fr. Change Affit. 1.	If so, specify
20. FILED Step 6 , 1934, Slephen 101 Registrar.	(Signed) (Address) (Address) (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

back

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Registrar.

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Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
INSTAU V.S.	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF	MARYLAND-CERTIFICATE OF	F DEATH

06260

1. PLAC	E OF I			-	(3)
County Somerset Westover			Registration Dist. No. 26/		
Village	or City_	westo	ver		No. St Ward
Length	of residence	ce in city or town where o	leath occurred_6	8 yrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL	NAME	Li	ttletor	7 Balla	rd
(a) Re	sidence:			lestover	St., Ward. If nonzesident give city or town and State
PERS	SONAL	AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	M 4.	COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH July 3 193 4
5a. If marriad,	widowed, o	or divorcad			(Month) (Dey) (Yaar)
(or) WIFE	of		Effie :	Ballard	22. I HEREBY CERTIFY, That I ettended deceased from
		1866			my 26 ,1924, who 3 ,1924
6. DATE OF BI	RTH (mon	ith, day, and year) E	xact da	te unknow	n last saw h elive on, 19.3.4; deeth is said
7. AGE	Yaars	Months	Deys	If LESS than	to have occurred on the date stated above, et. 2.94.m.
	68			l dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance wera as follows:
8. Trede,	8 Trade profession or particular				Date of onset
		done, es SPINNER, OKKEEPER, etc	Fari	ner	well Del of Heat
9. Industr	k wes dor	ness in which ne, as SILK MILL, ANK, etc			Usenero
SA Date d		-A 1 A A	_ l 17 Total e	ma (wasan)	
O this	occupatio	n (month and 100	Spei	ima (years) nt in this	
700	1)			pation	Dthar Coatribatory Causes of importance:
12. BIRTHPLAC		,	tover		Climio suprevilely
~	r country)		Md		Climasa Suf reslute
13. NAME	J	ames Balla			
		, or comm/	Testove:		Name of operation Data of
(St	eta or coul			Md	What test confirmed diagnosis?
15. MAIDE	N NAME	Mary	Ann Bost		23, If death was due to externel causes (VIOLENCE) fill in also the following:
0 16. BIRTHE	LACE (city	y or town).*	Somers	et County	Accident, suicide, or homicide? Date of injury, 19
	(Steta or country)			Md	Where did injury occur?
17. INFORMANT William Ballard					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Westover Md			tover	Md	
18. BURIAL, CREMATION, DR REMOVAL				100-2833	Menner of Injury
Plece Curtis Chapel Deta June 5,19 34			Deta	ine 5, 19 34	Neture of injury
19 HNDERTAKER John A Bradshaw			dshaw		24. Was disease or injury in eny way related to occupetion of deceased?
19. UNDERTAKI (Addjes	LIV	Crisf			If so, specify
61	5	2111	D. A	La contra	DO DAILLOUS
20. FILED	······	1997	100	Registrar.	(Address) manager (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S, No. z.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	S Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.	4		
Other contributory causes of importance:		Other contributory causes of importance:	J. 303
Gallstones	May 1,1923	Gastroenleritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06261
1. PLACE OF DEATH	(22-2)
County Dornust.	Registration Dist. No. 370
Village or City tralino It & Mr. Crisfield	McCeursy meurical First Craftiela St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U.S. if of foreign birth?mosmosds,
2. FULL NAME anna Beuchauf.	
(a) Residence: No. Lestono Ro	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
Fuell Welt OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oey) (Yeer)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of - Clubb	22. I HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jaw 19 1923	I last saw h M alive on Acc 19 3 4; death is said
7. AGE Yeers Months Deys If LESS then	to heve occurred on the dete stated ebove, at 1.3 4 m.
11 4 28 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence were as follows:
8 Trade profession or particular	acul Del 7 rent Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (growth and	Torma. Juno/4
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and yeer)	
12. BIRTHPLACE (city or town) DDD (Stete or country)	Other Contributory Causes of Importance: Ditusses tron of Bouls for 123
13. NAME Geneloul.	
13. NAME Surge Benelouf. 14. BIRTHPLACE (city or town) Walson B. (Stete or country)	Name of operation Lafaratury Date of 234
E 15. MAIOEN NAME Eller O belove	What test confirmed diagnosis? June luce Was there an autopsy?
16. BIRTHPLACE (city or town) M.D.	23. If deeth wes due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Stengy Beecleary (Address) western a.S.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CROMATION OF EMPLOYED MIS COST 1934	Manner of injury
19. UNDERTAKER Veryou Attenderson	Neture of Injury 24. Wes disease or injury In any way related to occupation of deceesed?
20. FILEO 6/19, 134 Gurelia 12, Pawson	(Signed) Levrege Cerelly M. D.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of oaset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilensu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

1	STATE O	F MARYLAND-	CERTIFICATE OF DEATH 06262
1	L. PLACE OF DEATH		
	County Somerset	A	Registration Dist. No. 26 Y
	Village or City near Goes	(1)	No. St, Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where d	eeth occurredyrs,mos	sds. How long In U.S. it of foreign birth?yrsmosds.
1 2	2. FULL NAME (Ida)	nay Berans	
1	(a) Residence: No.		St., Ward.
7		(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH
3. J	Temale Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 10 ch. 1934 (Year)
5a.	5a. If merried, widowad, or divorced HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY, That I ettended deceesed from
	DATE OF BIRTH (month, day, and year)	me, 3. 1934	I last saw h eliva on, 19; death Is said
1	AGE Years Months	Days If LESS than	to have occurred on the date stated abova, atm
	L L L	7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
-	8. Trade, profession, or particular	ormin.	were es follows: Oate of onset
ON	8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		not perfectly formed.
AT			never otalons dehauch to
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oete daceased last worked et this occupation (month end spant in this			Carr
		11. Total time (years)	
-	year)	occupation	Other Centributory Causes of Importance:
12.	(State or country)	set near Jocoms	Ae
ER.	13. NAME Ira Beran	281.	
FATH	14. BIRTHPLACE (city or town) . Poca-	woke OF FLOR	Name of operation Date of
F	(Stata or country)	md,	What test confirmed diagnosis? Was there an autopsy?
2	15. MAIOEN NAME Idas Ca	Thurm	23. If daath was due to external causes (VIOLENCE) fill in also the following:
MOTHER	Par	- ARO, OR FLAQ	Accident, sulcide, or homicide?Oete of Injury, 19
N N	16. BIRTHPLACE (city or town) (State or country)	Marie Strategie	Whara did injury occur?
	P. B.	1 Harden	(Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
17.	(Address)	e origines	Specify whether injuly occurred in 18005181, in nome, of in robert react.
18. BURIAL, CREMATION, OR LEMOVAL		1 1	Manner of injury
	Place Timberys Chap	close June 11, 1933	
19). UNDERTAKER Balland (Address) Cocor	Bros.	24. Wes disease er injury In any way ralated to occupation of deceased?
20	D. FILEO June 11 , 1933 San	muel Scott	(Signed) Terry Belle Brighes A. City

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Chronic interstitial nephritis	1921	Run over by street cor	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06263		
County Village or City Revenue Com	Registration Dist. No. 260		
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?		
2. FULL NAME TO THE TOTAL OF THE PARTY OF TH	13loodsworth		
(a) Residence: No. (Usual place of abode)	St., Ward. if nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OBJECCE 5. SINGLE, MARRIED, WIDOWED, OR DWORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) June 26, 193 4 (Year)		
HUSBAND of (or) WiFE of	22. I HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) June 26, 1934 7. AGE Years Months Days If LESS, than	I last saw h; death Is said		
C C laday, C hrs.	to have occurred on the date stated above atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	P. P.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) (State or country)			
14. BIRTHPLACE (city or town)	Name of operation Date of		
	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME NAME NAME NAME NAME NAME NAME NA	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
17. INFORMANT (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
Place Low Dale Date June 2619 34	Manner of injury		
19. UNDERTAKER faller	24. Was disease or injury in any way related to occupation of deceased? If so, specify 1 1 1 1 1 1 1 1.		
20. FILED. 6 2. 6., 1934 J. Duitt.	(Signed) M. D. (Address)		
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
36L 6 1935			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S.	PACE FOR FU	KIHER STATEM	ENTS BI PHISI	CIAN
	,			

BINDING

FOR

MARGIN RESERVED

	PLACE OF DEATH County Somewest	STATE OF MARY CERTIFICATE OF
LCator	Village or City Int. Nemen No. &	Registration Dist. No. No. No. No. No. No. No. No. No. No
T I	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
Dack of	Mule 4 COLOR OR RACE SINGLE. MARRIED, WIDOWED. OR DIVORCED Surgle (Write the word)	16 DATE OF DEATH (Month) (Day)
2 110 8 1101	ODATE OF BIRTH AUT MARCHAN (Day) (Year)	17 I HEREBY CERTIFY, That I attended to
ee man ac	yrs. mos. ds. or min.?	and that death occurred on the late stated above, rether the CAUSE OF DEATH * was as follows:
inportant. 3	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Oschributory Office and
lis voi y li	10 NAME OF FATHER M BIRTHPLACE OF FATHER	(Signed) Black G(Address) Brance
	(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	*State the fiscase Csusing Death, or, In Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institute or Recent Residents)
	OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs mos. ds. State yrs Where was disease contracted, if not at place of death?
	(Informant) And Commercial (Address) Orinsfield	19 PLACE OF BURIAL OR REMOVAL Almus. However fully
	Filedfine 23 1924 Stephen Holken	20 UNDERTAKER Stahen, Horker 16 W. Saratoga St., Balto., Requesting V.S. Ivo. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 263
8	Ward a hospital or institu- tion, give its NAME in- spad of street and number.)
	MEDICAL CERTIFICATE OF DEATH
1	16 DATE OF DEATH
e	Jassel 7, 2, 1929
=	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
9	1
	that I last saw h 1 12 alive on 192 4,
an	and that death occurred on the date stated above, at
rs.	The CAUSE OF DEATH * was as follows:
1.?	Jesselleyed aslessed
	J. Lelevaes
	,
	mos de
	Contributory Mycacidial Faile
	Denetion) Tronds.
	(Signed) John Bollevellem. D.
	4/23/18 4(Address) Brusen there
	*State the fiscase Causing Death, or, in deaths from Violent Causes, state (1) Mesns of Injury and (2) Whether
	Accidental, Suicidal or Homicidal.
-	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place in the of death yrs mos ds. State yrs mos ds.
_	Where was disease contracted,
T.	if not at place of dea h?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
7.	almin House Jul 23, 1934
	20 UNDERTAKER ADDRESS

No. 1 ත්

(Approved by U. S. Census and American Public Health Association.)

business; that fact may be indicated thus; Furmer (re-tired 6 yrs). For persons who have no occupation fulness of various pursuits ean be known. The ques-Statement of Oceupation-Precise statement of ocstate occupation at beginning of illness. If retired from geged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the loborer, er," etc., without more precise specification as Day loborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of For many occupations a single word or term on Stationary fireman, etc. But in many

EALZ CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever, (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from ehildbirth or miscarriage as stated unless important. Example: Measles (disease State eause for which surgical operation was under-"PUERPERAL septieacmia," "PUERPERAL peritonitis," atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, ean be ascertained as the eause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E::haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY "Uraemia, ""Weakness," etc., when a definite disease causing death), 29 de.; Bronchopneumonia (secondary), (secondary unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) Chronic and consequences (e. g., sepsis valvular heart disease; affection need etc. The contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimazer Requesting V. S. No. 1.

Date of onset

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		101 0 1036	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH OCC should County_ Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred statement How long in U.S. if of foreign birth?______wrs.____mos.____ds. PHYSICIAN 2. FULL NAME RECORD. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of CERTIEY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at U 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of enset 8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. OCCUPATI back 1 Industry or business in which may should work was done, as SILK MILL SAW MILL, BANK, etc .. 10. Dato deceased last worked at Total time (years) this occupation (month and spent in this occupation ___ instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town)___ plain Name of operation (State or country) carefully MOTHER important. 15. MAIDEN NAME E 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?. DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? ... Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE plnods 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL CAUSE Nature of injury 24. Was disease or injury in any wey related to occupation of deceased? 19. UNDERTAKER (Address) If se, specify Registrar. (Address) ___ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

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BARRAN			
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V. S. No. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
V. S.	N. I	

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	County Armanet	Registration Dist. No. 260	
	Village or City Herr Or Them mix	ND. St., death occurred in a hospital or institution, give its NAME instead of street and num	
	b D	ds. How long in U.S. if of foreign birth?yrsmos.	ds
\2	FULL NAME O Mallie Was have		
	(a) Residence: Np(Usual place of abode)	St., Ward. If nonresident give city or town and Sta	te
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. 5	France Caf OR DIVORCED (write the word)	21. DATE OF DEATH 7 (Month) (Dey)	(Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended dec	eesad from
	9		, 19
6. I	DATE OF BIRTH (month, day, and yeer) GE Years Months Days If LESS then	to heve occurred on the data stated above, at 5:3 A.m.	eeth is sei
je-	3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence	
Z	8. Treda, profession, or perticular	were as follows:	ate of onsa
2	kind of work dona, es SPINNER, SAWYER, BDDKKEEPER, etc		
CUPATION	9. Industry or business in which work wes done, es SILK MILL, Manual SAW MILL, BANK, etc.		
ပ္သ	10. Date deceased last worked et 11. Total time (years)	14 per culos real eritomitis	177
	this occupation (month and spent in this occupation coupation	Diba Carella (and Carrier)	
12.	BIRTHPLACE (city or town)	Dther Contributory Causes of importance:	
~	(Stete or country)		
HER	13. NAME France Northell		
FAT	14. BIRTHPLACE (city or town) (State or country)	Nama of operation	
œ	15. MAIDEN NAME GOLD	Whet test confirmed diagnosis? Was there en euto	psy?
OTHER	16. BIRTHPLACE (city or town)	23. If daath was dua to externel ceuses (VIOLENCE) fill in elso tha following: Accident, suicide, or homicide?	10
¥	(Stata or county)	Where did injury occur?	-, 13
17.	INFDRMANT Actly forms (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	•
18.	BURIAL, CREMATION, OR REMOVAL Place January Date 4/7, 1934	Manner of injury	
19.	UNDERTAKER (Address) Charles (Address)	24. Was disease or injury in any wey related to occupetion of deceased?	
	(Address)		

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Example II Example I The principal cause of death and related causes Date of opset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street cor 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

06268

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06268
1. PLACE OF DEATH	(46)
County Somest.	Registration Dist. No. 26/
Village or City Marion mil	NoSt.,Ward
Langth of residence in city or town where death occurred £ 2 yrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foralgn birth?
2. FULL NAME alfred Washington &	you
(a) Residence: No. Mussin m. S.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
mal roleto OR DIVORCED (write the word)	Jue 20 1934
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Sallie Divis	22. I HEREBY CERTIFY, That I attended deceased from
2 2 2 2 2	last saw h alive on Sures 2 19 34 death is said
6. DATE OF BIRTH (month, day, and year) May 18 18 3 7. AGE Yaars Months Days If LESS than	I last saw h alive on
82 / 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	acut die 3 Heb. Onta of one at
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or businass in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and	
work was dona, as SILK MILL Vanuer & Institutes	Jenus arter Selvario
10. Date deceased last worked at this occupation (month and year) 12. Total tima (years) spent in this 3 occupation	
12. BIRTHPLACE (city or town) The	Other Contributory Causes of importance:
(Stata or country)	melisles in Lits 1)
13. NAME Tillion Dim	
13. NAME Tillian Dann 14. BIRTHPLACE (city or town) DND	Name of operation David Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Sarabley 16. BIRTHPLACE (city or town) M. J. (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) M. d, (State or country)	Accident, suicida, or homicide? Date of Injury, 19
17. INFORMANT Mrs A LO Digon	Where did injury occur?(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Jupun my	
18. BURIAL, CREMATION, OR REMOVAL Questione 6/27, 134	Manner of injury
19. UNDERTAKER I DE LANGONIO NO 1	24. Was disease or Injury in any way related to occupation of daceasad?
(Address) Crusteeff Mg	If so, specify _ G
20. FILED lef V 7, Sturelia 12 tourson	(Signed) Elizabeth Fullrupe. M. D.
Registrar.	(Addrass) Malin med

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Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. B.

19. UNDERTAKER

(Address)

should state

of OCCUPA.

	CERTIFICATE OF DEATH Registration Dist. No. 2-6 8 No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. Edin (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RICE OR DIVORCED (write the word) 1. If merried, widowed, or divorced HUSDAND of (or) WIFE of	21. DATE OF DEATH (Month) (Day) (Year) 22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yeers Months Days ITLESS than 1 day,hrs. 0rmln. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry of business in which kork was done, as SILL MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	i last saw h. 2/ elive on
this occupation (month and spant in this occupation 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	Other Coutributory Causes of Importence: 1933 Neme of operation
27. INFORMANT Alysian Unitapher (Address) Eden material	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.

If so, specify (Signed) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
GUDDAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

CAUSE

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Example 1	li	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	-1	Other contributory causes of importance:	
Gallstones	May 1,1923		1 year
	-		,

RGIN RESERVED FOR BINDING

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-upplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be carefully supplied. AGE should be TION is very important. N. B.—WRITE PLAINLY,

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	L. PLACE OF	F DEA	TH			(3)			
	County	So	merset				Registration	Dist. No. 2	66
	Village or C				(l yrs,mos	No	tion, give its NAM	St.,_ IE instead of street an	d number)
	2. FULL NA								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(a) Residen				of abode)	St., Ward.	If nonresiden	t give city or town a	_J C
	PERSON	AL AN	D STATIST					E OF DEATH	
3.	sex Male		R OR RACE	5. SINGLE, MAI OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	June	30.	, 193⁄4
5a.	If merried, widowed HUSBAND of (or) WIFE of	ed, or divo	rced			22. I HEREBY			
	DATE OF BIRTH (month do		une 30.	1934	I lest saw h alive on			
	AGE Year		Months	Days	If LESS then 1 dey,hrs. ormin.	to heve occurred on the date stete. The PRINCIPAL CAUSE OF DEAT were es follows:	d ebove, at	m.	; deeth is seld
NOI	8. Trede, profes kind of w SAWYER,	sion, or pa ork done, BOOKKEE	articular es SPINNER, PER, etc		7 01	STILLE	BORN	• • • • • • • • • • • • • • • • • • • •	Date of onset
OCCUPATION	9. Industry or 1	ousiness in							
00		ation (mo	ked et nth end	11. Totel i	time (years) ent in this upation				
12.	BIRTHPLACE (city	y or town). try)	Ewel	l, Md		Other Contributory Causes of Impo			
ER	13. NAME	She	lton L.	Evans					
FATHER	14. BIRTHPLACE (State or		wn)Ewel	l, Md.		Neme of operation		Dete of	
HER	15. MAIDEN NAM	ME RE	achel J.	. Evans		23. If death wes due to externel caus			
MOTHER	16. BIRTHPLACE (Stete or		wn) Ewell	L, Md.		Accident, suicide, or homicide? Where did injury occur?			_
17.	INFORMANT (Address)					Specify whether Injury occurred in	(Specify city or INDUSTRY, in HO	r town, county and S OME, or In PUBLIC E	ate) LACE.
18.	BURIAL, CREMATI			Dete	, 19	Menner of injury Neture of injury			
19.	UNDERTAKER (Address)					24. Wes diseese or injury in eny wa			
20.	FILED	, 1	71	(0)	Registrar.	(Signed) (Address)	Dou	The	M. D.
			If more	blanks are needed,	address State Registrar.	2411 N. Charles Street, Baltimore, Req	westing U. S. No.	1. 9111	-

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial reports	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 0627
County Somerset	Registration Dist. No. 26
Village or City Wistory R. F. D	. 0.
The state of the s	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Lamath of muldamenta states at the state of	nosds. How long in U.S. if of foreign birth?yrsd
2. FULL NAME Comman Transas	Fanal
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Ame / L 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Linis P. B. Fanct	22. I HEREBY CERTIFY, That I attended deceased from 1933, to June 12 1934
5. DATE OF BIRTH (month, day, and year) Man & 1855	I last saw h en elive on fushe 11, 19 34; death is sal
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8:250m;
79 3 4 1 day,hr	S. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	aulo Lutopeation
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at his securation (month and	
10. Date deceased last worked at this occupation (month and year) this occupation	
mich ha	Other Coatributory Causes of Importance:
2. BIRTHPLACE (city or town) (State or country)	Chronia Ridney
13. NAME	- Januaraes
13. NAME Stewart Carlisle. 14. BIRTHPLACE (city or town) Wilmington	
(State or country)	Name of operation
15. MAIDEN NAME ELIMAN DE ALLA	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elians of fund	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
ma Dail D.	(Specify city or town county and State)
7. INFORMANT And Davy	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Willyam In Paloate June 14 193	Nature of injury
H. S. Milanh	
19. UNDERTAKER (Address)	24. Was disease or injury in any-way related to occupation of deceased?
12 3/1/2	Marie Andraide
20. FILED June 12, 19 04 Samuel Scall	(Address) OTAMAL Cal - Yeard,

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Cerebral hemorrhage	July 5,1927	Peritonitis ,	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registration Dist. No. 26 If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH Y. That I attended deceased from Date of onset (Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) ...

Registrar.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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		BUREAU	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(17-2)
County Developed	Registration Dist. No. 26
Village or City has field his	No. Me Creaty Memoria St., Mary Ward death occurred in a horpital or institution, five its NAME instead of street and number)
	3. ds. How long in U. S. if of foreign birth?
2. FULL NAME advord Gal	C, M,
(a) Residence: No. (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give eity or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Cole Gale	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 8 1882	last saw hamalive on January 26, 19.3 4 death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date steted above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this second in th	were as follows: Date of onset
10. Date deceased last worked at this occupation (month end year)	Mente Cutive Doleloten
12. BIRTHPLACE (city or town) 724 (State or country)	Other Contributory Causes of importance:
& Mi Make Washington, Jale	Α
18. NAME Mashington, Jale 14. BIRTHPLACE (city or town) MS (State or coontry),	Name of operation Date of
	What test confirmed diagnosis Suffer That Westhere en autopsylling
15. MAIDEN NAME Farriett Schofield 16. BIRTHPLACE (city or town). Wavcester)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
≤ (State or country)	Where did injury occur?
17. INFORMANT has the Ward mg	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Marines Md. Date 6/28, 1834	Manner of injury
19. UNDERTAKER Chas H Ward	24. Was disease or Injury in any wey related to occupation of deceased?
20. FILED le 1 8. 134 Aurelia 13. James Registrar.	(Signed) M. D. (Address) M. D. (Address) M. D.
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Example I			Example II		
of immortance man on f	death and related causes follows:	Date of onset	The principal cause of death and related eauses of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronie interstitial nephrit		1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	3 12	July 5, 1927	Peritonitis	3 days ago	
	BOREAU Y. S.	ξ.			
Other contributory caus	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY, WITH

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	83	7	.0	4
9	1	No.		A

6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) Manual 13. NAME 14. BIRTHPLACE (city or town) (State or country) Name of operation. Was there an autopsy?	1. PLACE OF	DEATH			93-20
Langth of residence in city or town where death occurred in a horpital or institution, give in NAME instead of steed and number? 2. FULL NAME (a) Residence: No. (Unaripiace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR, RACE (b) S. LINCEL, SMANHED, WHOPPED, ORL DISHAPSED, ORL DISHAPSED, WHOPPED, ORL DISHAPSED, ORL DISHAPSE	County	Sonver	sel		Registration Dist. No. 268
2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR, RACE 5. SINCLE MARANE MYBOYTED (Or) Will of 5. II married, widowad, or divorced HUSSAND or (Or) Will of 6. DATE OF BIRTH (month, day, and yaar) 7. AGE 7. AGE 7. AGE 8. Trade, profession, or particular 8. Industry or bowns and State 1. Date of work dome, as SPINNER, 9. SAMPIE, BOOKEEFER, Sec. 9. SAMPIE, BOOKEEFER, Sec. 9. SAMPIE, BOOKEEFER, Sec. 9. SAMPIE, BOOKEEFER, Sec. 10. SAM INITIALE (city or town). All all all all and profession. 12. BIRTHPLACE (city or town). All					death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SENCIE, FRANKHER, WHONTON, OR DIVORDED (crimit ba word) 5.8. If married, widowed, or diverced (10) Wife of (10) Wif		1	destil occurrad	, p	as. now long in 0.5.11 of foraign diffing
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR, RACE OR, BLAGORED (Service the word) 5. If married, widowed, or divorced (color) wife or (color)	2. FULL NAMI	E Dav	tal I	coson	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SUNCER, PARAMENER, WHOOVERD, OR DUVORSED ("North the word) 5. LI married, widowad, or divorced HUSSAND of ("North") 5. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 7. Years 7. Months 8. Trade, profession, or particulars 8. Trade, profession, or particulars 8. Savere, Bookketer, etc. 9. Industry or business In which with with widow and press in which work and one; as SIK MILL, SAW MILL, BAKK, atc. 10. Otto descard last worked at with the work and press of importance were as follows. 11. Total time (years) occupation. 12. BIRTHPLACE (city or town). 13. HAME 14. BIRTHPLACE (city or town). 15. MAIDEN NAME 16. BIRTHPLACE (city or town). 17. INFORMANT. 18. BURTHPLACE (city or town). 18. BURTHALAGE (city or town). 19. Date of normal which with the country). 19. Where did injury occurred in INDUSTRY, in HOME, or in Public Place. 19. University and Search an	(a) Residence:	No	(Usual place of	abode)	St., Ward.
3. SEX 4. COLOR OR RACE OR DIVENSES ON OR DIVENSES OF OR DIVENSE	PERSONAL	L AND STATIST			
5. If married, widowed, or divorced HUSBAND or Gray Wife of Gray Wife	3. SEX 4	COLOR OR RACE			21. DATE OF DEATH 6 3 193 4
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Drys H LESS than to have occurred on the date stated above, at m. 1 day, hrs or min. 8. Frade, protession, or particular m. 1 liday, hrs or min. 2 lind of work done, as SPINNER, SANYER, BOOKKEEPER, stet. 3 lind of work of the which the same as follows: 2 lind of work of the same as follows. 2 lind of work of the same as follows. 2 lind of work of the same as self-inversed as follows. 3 lind of work of the same as follows. 4 lind of work of the same as follows. 4 lind of work of the same as follows. 5 lind of work of the same as follows. 5 lind of work of the same as follows. 5 lind of work of the same as follows. 5 lind of work of the same as follows. 6 lind of work of the same as follows. 6 lind of work of the same as follows. 7 lind of work of the same as follows. 8 lind of work of the same as follows. 9 lind of work of the same as follows. 10 lind of work of the same as follows. 11 lind of work of the same as follows. 12 lind protection. 13 lind of work of the same as follows. 14 lind protection. 15 lind protection. 16 lind protection. 17 lind of work of the same as follows. 18 lind protection. 19 lind protection. 19 lind protection. 10 lind protection. 10 lind protection. 11 lind protection. 11 lind protection. 12 lind protection. 13 lind protection. 14 lind protection. 15 lind protection. 16 lind protection. 17 lind protection. 18 lind protection. 19 lind protection. 19 lind protection. 19 lind protection. 10 lind protection. 10 lind protection. 10 lind protection. 11 lind protection. 12 lind protection. 13 lind protection. 14 lind protection. 15 lind protection. 16 lind protection. 17 lind protection. 18 lind protection. 19 lind protection. 19 lind protection. 19 lind protection. 10 lind protect	HUSBAND of	or divorced		0	22. HEREBY CERTIFY, That I attended daceasad from
1 day, hrs or min. 8. Trade, profession, or particular kind of work doms as SPINNER, SAWTER, BOOKEPER, etc. 9. Industry or business in which was done as SSINK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation month and separation in this occupation (month and separation). 12. BIRTHPLACE (city or town) Spent in this occupation. 13. NAME HOME HOME STANDAM What test confirmed diagnosis? 14. BIRTHPLACE (city or town) What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME HOME HOME STANDAM Accident, suicide, or homicide? Date of injury. 16. BIRTHPLACE (city or town) Spent in this occupation was due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. 17. INFORMANT (Address) Spent of the properties	6. DATE OF BIRTH (mo	nth, day, and yaar)	may 2	1, 1854	
Name of operation. Date of deceased last worked at this occupation of more domestic or country) BIRTHPLACE (city or town). All all all and years) spent in this occupation of decase of importance: 12. BIRTHPLACE (city or town). All all all and years) spent in this occupation of decase of importance: 13. NAME 14. BIRTHPLACE (city or town). All all all and years) what test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town). All all all and years) what test confirmed diagnosis? Was there an autopsy? 17. INFORMANT (State or country) 17. INFORMANT (State or country) 18. BURIAL CREMATHON, OR REMOVAL Price of Lates and Lates and Date June 24, 19.34 19. UNDERTAKEN TARES All and Date June 24, 19.34 19. UNDERTAKEN TARES All and Date June 24, 19.34 19. UNDERTAKEN TARES All and Date June 24, 19.34 19. UNDERTAKEN TARES All and Date June 24, 19.34 19. UNDERTAKEN TARES All and Date June 24, 19.34 19. UNDERTAKEN TARES All and Date June 24, 19.34 19. UNDERTAKEN TARES All and Date June 24, 19.34 19. UNDERTAKEN TARES All and Date June 24, 19.34 19. UNDERTAKEN TARES All and Date June 24, 19.34 19. UNDERTAKEN TARES All and Date June 24, 19.34 19. UNDERTAKEN TARES All and Date June 24, 19.34 19. UNDERTAKEN TARES All and Date June 24, 19.34 19. UNDERTAKEN TARES All and Date June 24, 19.34 20. FILED All and Date June 24, 19.34 21. Gadress) 22. FILED All and Date June 24, 19.34 22. FILED All and Date June 24, 19.34 23. If death was due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 24. Was disease or injury in any way related to occupation of dacased? 25. FILED All and Date June 24, 19.34 26. FILED All and Date June 24, 19.34 27. FILED All and Date June 24, 19.34 28. Was disease or injury in any way related to occupation of dacased? 29. FILED All and Date June 24, 19.34 20. FILED All and Date June 24, 19.34 20. FILED All and Date June 24, 19.34 21. Gadress) 22. FILED All and Date June 24, 19.34 23. If death was due	ci. or	Months 1	Days L	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
12. BIRTHPLACE (city or town) Seals Island (State or country) 13. NAME 14. BIRTHPLACE (city or town) May and State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) May and State) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL PRICE ACADA LALAND 19. UNDERTAKER TOUCH TO MANA LALAND (Address) 20. FILED ALL 1, 1944 ACADA ACADA CARREST AND LALAND Registrar. Other Centributory Causes of importance: Other Centributory Causes Name of operation Other Centributory Causes Name of operation Other Centributory Nation of importance: Other Centributory Name of operation Name of operation Name of operation Name of operation Name of oper	8. Trade, profession kind of work SAWYER, BO	dona, as SPINNER, OKKEEPER, etc			De some imporardition ?
12. BIRTHPLACE (city or town) Solars of State or country) 24. IS INAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Manual M	Tilla occupati	BANK, atcast worked at	spent	in this	
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What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? 23. If daath was due to axtarnal causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Where did injury occur? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Place Seals Island Date June 4, 1934 Manner of injury Nature of injury 19. UNDERTABLE TO ACCIDENT DATE (Address) Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTABLE TO ACCIDENT DATE (Address) Manner of injury Nature of injury (Signad) (Signad) M. D (Address) M. D (Address)	13. NAME	Henry	Giba	m	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 10. ACCIDENT AND AND ACCIDENT AC	14. BIRTHPLACE (ci		wyta	nd	
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL PROCE SECULS Island Date June 4, 1934 19. UNDERTABER TELL IN Italian (Address) 20. FILED 20. FILED 21. A Constitution Registrar. Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Was disaase or injury In any way related to occupation of dacaased? (Signad) (Signad) (Address) Manner of injury (Signad) (Signad) (Address) Manner of injury (Signad) (Address) Manner of injury (Signad) (Address)	16. BIRTHPLACE (ci		aryla	ud	23. If daath was due to axtarnal causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
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(Address) Seals Island md If so, specify 20. FILED 4 , 194 Roya Welster (Signad) (Address) Seals Salur Stand	100	I, OR REMOVAL	d Date Jus	124,1934	
20. FILED Registrar. (Address) Fels Felus Find		secto I	stand	er ma	
	20. FILED AL 4	, 134 R	ura Ma		(Address) Saland M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Na. 5: 1959			
Other contributory causes of importance:	35 4 4000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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S. No.

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state OCCUPA-

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1. PLACE OF I

STATE OF MA	RYLA	NE	CERTIFICATE C	OF DEATH	06273
DEATH			(3)		
omerset				Registration Dist. No.	270
Marion					
e in city or town where deeth occurred.	73 yrs.	5	No. (If death occurred in a hospital or institution mos	on, give its NAME instead of foreign birth?yrs.	street and number)
T 477 4 17 /2					

County Village or City Vard Length of residence ._ds. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (Awrite the word) WF 5a, If married, widowed, or divorced HUSBAND of Clarence Gunby 22. I HEREBY CERTIFY. Thet I ettended deceased from (or) WIFE of Jan 3 1861 6. DATE OF BIRTH (month, dev. end veer) 7. AGE Years Months Deys If LESS then to have occurred on the dete steted above, at a 73 1 dey,- hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importence or____min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION Housework SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, es SILK MILL SAW MILL, BANK, etc 10. Date deceased lest worked et 11. Totel time (years) this occupation (month end spent in this occupation 12. BIRTHPLACE (city or town). (State or country) FATHER Luther Miles 13. NAME County Somerset 14. BIRTHPLACE (city or town) Neme of operation (Stete or country) Whet test confirmed diagnosis? _____ Was there an autopsy?_ MOTHER Elizabeth Handy Anna 15. MAIDEN NAME 23. If deeth wes due to externel causes (VIOLENCE) fill in also the following: Somerset County Accident, suicide, or homicide?______ Dete of Injury______ 19. 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?_____ liles Gunby (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE, 17. INFORMANT ... Marion (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Place St Pauls Cem Date June 10th 34 Nature of Injury. John Bradshaw 24. Wes disease or injury in any wey related to occupation of deceased?____ 19. UNDERTAKER (Address) Cristield If so, specify. 20. FILED Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		ii ii	Example II	
The principal cause of death and rel of importance were as follows:	ated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	6 1934	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
SUR!	EAU V.	5. 6		
Other contributory causes of importa	ance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

U	1	0	-Ag	0
13	13	1	4	11
U	V	No.	- 0	1 1

1. PLACE OF DEATH			(31)		
County Somerset			Registration Dist. No.	26	
Village or City Cokesbury	7				
Length of residence In city or town when	e death occurred	[) morry	If death occurred in a horpital or institution, give its NAME instead of second death of the second second death of the second death of the second death of the second death of the second death occurred in a horpital or institution, give its NAME instead of the second death occurred in a horpital or institution, give its NAME instead of the second death occurred in a horpital or institution, give its NAME instead of the second death occurred in a horpital or institution, give its NAME instead of the second death occurred in a horpital or institution, give its NAME instead of the second death occurred in a horpital or institution, give its NAME instead of the second death occurred in a horpital or institution, give its NAME instead of the second death occurred death occurred in the second death occurred dea	f street and number)	
2. FULL NAMERobert H					
(a) Residence: No.			St., Ward. If nonresident give city o	the barrier and Carte	
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF D		
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR	RIFD, WIDOWED, D (write the word)	21. DATE OF DEATH June 21st (Month)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Harris			22. I HEREBY CERTIFY, That March 1934 19 to June	1 altended deceased from 21. 1934.	
6. DATE OF BIRTH (month, day, end yeer) March 10th.1876. 7. AGE Years Months Days If LESS than 1 day,hrs.			to have occurred on the dete stated above, allo. OOPm.	rtance	
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Farme	***	Acute Myocarditis	Date of onset	
10. Date deceased lest worked et this occupation (month end year) 12. BIRTHPLACE (city or town) Salis	0C31	ime (yeers) nt in this upetion	Other Contributery Causes of Importence:	1934	
(State or country) Per	insylvan:	ia.	Chronic Hepatitis		
13. NAME David H. Harri	.s		Chronic Nephritis		
14. BIRTHPLACE (city or town)	Wales		Nemo of operation		
15. MAIDEN NAME Sarah Jones 16. BIRTHPLACE (city or town) (Stete or country) Wales 17. INFORMANT Ralph -arris			23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
(Address) Pocomoke City, Naryland 18. BURIAL CREMATION, OR REMOVAL EMANUEL Cenetery Place One 75 et Co. 1 Date June. 23 rd19 34			Menner of injury		
19. UNDERTAKER MOULTS (Address) OCOMORE Cit 20. FILED June 22, 1934 Sax	Stevee y, Naryla	nd.	24. Wes disease or injury In eny way releted to occupetion of dec If so, specify (Signed)	ceased?	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	D- 10 M		
THE PROPERTY V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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See instructions on back of certificate.

TION is very important.

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 16278
1. PLACE OF DEATH	(92·a)
County Somerset	Registration Dist. No. 269
Village or City Venlere	No. St., Ward
Length of residence in city or town where death occurred. Lyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Melvin B. Hol	brook
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Oay) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Seelle Hollrook	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Washer 1899	I last saw h. 1' Mr. alive on Marc Jos 7, 1934; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1-1-3 m.
30 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wara as follows:
& Trade profession or particular	Cascutts Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	
10. Date deceased last worked at this occupation (month and the last worked at this occupation when the last worked at this occupation (month and the last worked at this occupation).	, ,
12. BIRTHPLACE (city or town) Mol - Semesset (State or country)	Other Contributory Causes of importance:
13. NAME Washington Hollren	
13. NAME Hashington Hollred 14. BIRTHPLACE (city or town). Serverset. Mill. (State or country)	Name of operation Oata of Oata of
15. MAIDEN NAME Jame & Covington	What tast confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Somewhat (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Steller Hollson R. (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR THANVAL	Manner of injury
Place Date 19/04, 19	Nature of injury
19. UNDERTAKER Deskell Weskiell Altho L	24. Was disaase or Injury in any way related to occupation of daceased?
20. FILED Jeone 7 , 1934 By be Brown Registrar.	(Signad) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY PHYSICIAN

V. S. No. 1 N. B.—

STATE	OF	MARYL	AND-	CERTI	FICATE	OF	DEAT	ГН

4	10	2	$_{a}\wedge_{ij}$	6	
1.2	13	/	4	1	4
1	3	-	10	2	J

1. PLACE OF DEATH	(200-4)
county Somerset	Registration Dist. No. 260
Village or City Princes Anne	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Boatrice Johns	
3 . 9	. 1.em
(a) Residence: No. (Usual place of abode)	St., : Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Til Qtried	21. DATE OF DEATH 20th (Month) (Day) (Year)
5a. If marriad, widowed, of divorced HUSBAND of (or) WIFE of Shorman Johnston	22. I HEREBY CERTIFY, That I attended decassed from
6. DATE OF BIRTH (month, day, end year) Nov 25 1966	i last saw h. P. eliva on I care 20 19 34; dauth Is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 16, 4 50
87 6 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and reletad causes of importence were as follows:
8 Trade profession or particular	Date of onest
kind of work done, as SPINNER, Aormes tic	Un Hono www Hisea se 6234
9. Industry or business in which work was done, as SILK MILL, Several House work	accompanied of amotonal
U 10. Date deceased last worked at II. Total time (years)	Disturbances followed
this occupation (month and spent in this 9 420 occupation 9 420	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Trincess Anne 110	Olid Oralizatory Caree of Importance.
(State or country) Trarylaud	
14. BIRTHPLACE (city or town) Price cos of Change	
(State or country)	Nama of operation Data of
	What test confirmed diagnosis? Name Was there an autopsy?
2	23. if death was due to external causes (VIOLENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town) State or country)	Accident, suicide, or homicida?
17. INFORMANT Pate walston (Address) Process thme	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Chrone Date 6 - 2 3 , 1934	Natura of Injury
19. UNDERTAKER William Symus Dsan (Addrass) 37 Brad It Usingmany mm	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 6-23, 1937 J. Dunith	(Signad) Glan de automaco M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, pame other important diseases or injuries. Examples:

Example 1	11	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PH	YSICIAN	N
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Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND—CERTIFICATE	OF	DEATE
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13	6	9	6	1
17	()	4	0	17

1. PLACE OF DEATH		(131)	-
County omer	man	Registration Dist. No.	270
Village or City		No. death occurred in a hospital or institution, give its NAME instead or institution, give its NAME institution, give its NAME instead or institution, give its NAME institution, give it	St.,Ward
2. FULL NAME William	n be house		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city of	or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
male reason	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 2 3 (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	8	22. f HEREBY CERTIFY. That t ettended deceased fr	
6. DATE OF BIRTH (month, day, end yeer)	ut Buoro	I last sew h alive on 8	, 19.35.; death is said
7. AGE Veers Months	Days If LESS then 1 dey,hrs. ormin.	to have occurred on the dete steted above, etm. The PRINCIPAL CAUSE OF DEATH end related ceuses of important were es follows:	rtence Date of onset
8. Trade, profession, or perticutar kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.		acut De 7 7 rent	18.
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Journal of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Journal of work done, es SPINNER, SAWMILL, BOOKKEEPER, etc. JOURNAL OF WORKEEPER, etc. JOURNAL OF WORKEEPER	abover	denne	
10. Dete deceased lest worked at this occupation (month and yeer)	11. Total time (yeers) spent in this occupetion		
12. BfRTHPLACE (city or town) (Stete or country)	weity mode	Other Contributory Canses of Importence: Cleanus Out repuly	
13. NAME		- My Wille	
13. NAME 14. BIRTHPLACE (city or town)		Name of operetion	
15. MAIDEN NAME	now	23. If deeth was due to externel causes (VIOL ENCE) fill in elso the	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide? Dete of inj	
17. INFORMANT ACCOUNTS (Address)		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL PIECE STATEMENT CAMERIES	go ymar 23, 19. 74	Menner of injury	
19. UNDERTAKER 6 Share T	Lion Did	24. Wes disease or injury in any way related to occupetion of de	
20. FILED 6/13, 1934 Gure	lia 12, facrior Registrar.	(Signed) Living Caullium (Address) marion mo	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritohitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

Mr.	.01		
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1	. PLACE OF DE		F MARY	LAND-	CERTIFICATE OF DEATH	06281
	County Some				Registration Dist. No. 2	262
	Village or City		P	(1)	No. f death occurred in a horpital or institution, give its NAME instead of str. ds. How long in U.S. if of foreign hirth?	
	Length of residence In	city or town where d	leath occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrs	mosds.
2	. FULL NAME	Sidney F	Kirkwo	od		
DESCRIPTION.	(a) Residence: No.		(Usual place o		St., Ward. If nonresident give city or to	own and State
_	PERSONAL A		CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEA	ATH
1	Tale 0	colored	5. SINGLE, MARR OR DIVORCED W1 dov	(write the word)	21. DATE OF DEATH June 17th, (Month) (Oay)	, 193 <u>4</u> (Yeer)
5e.	if marriad, widowed, or d HUSBANO of (or) WIFE of 1.8.1	ivorced etha K ir k	wood		22. I HEREBY CERTIFY, That I a	attended deceased from
6.	DATE OF BIRTH (month,	day, and year) No	t known	1872	I last can't see alive on fune (///	19 H; death is said
7.	AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, et. 5. a. 3.5.2 m.	
	62	**	**	ormin.	The PRINCIPAL CAUSE OF DEATH end related causas of important were as follows:	Date of onset
NO	8. Trade, profession, or kind of work don SAWYER, BOOKK	e, as SPINNER.	Farmer		mitral Regurgitation	
PAT	. Industry or business work was done, a	in which			hunes / seguingous	
OCCUPATION	SAW MILL, BANK, etc			ne (yeers)		
12.	BIRTHPLACE (city or tow (State or country)	11)	et Coun	ty	Other Contributory Causes of Importance:	
ER	13. NAME Rich	ard Kirk			when deferous	
FATHER	14. BIRTHPLACE (city or (State or country		set Cou	nty		ate of
ER	15. MAIDEN NAME SE		1		What test confirmed diagnosis? Was the graph of the	here an autopsy?
15. MAIDEN NAME Sarah Tilghman 16. BIRTHPLACE (city or town) Somerset County (State or country) Haryland.				U	Accident, suicide, or homicide? Date of injury Whare did Injury occur?	, 19
17.	INFORMANT Hen: (Address) POCOI	ry Kirkwo moke City		nd.	(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or In PUE	and State) BLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Tinleys Chappel Dete June19th 19 34			Dete June	19th ₁₉ 34	Menner of Injury	
19. UNDERTAKER LEMENTE, Stevenson. (Address) Pocomoke Caty, Maryland.				and.	24. Was disease or Injury In any way salated to occupation of decee	sed? Yan
20.	20. FILEO June 19., 1934 Samuel Scott				(Signed) State and Co.	y m. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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Example I	Example II	She by U
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	Run over by street car	1 week ago
Cerebral hemorrhage	Peritonitis	3 days ago
15 FM		
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting . S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of evilensu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ann Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEAPH in plain terms, so that it may be

N. B.—WRITE PLAINLY,

STATE OF MARYLAND-CERTIFICATE OF DEATH

6		1	0	(1)
1	1	0	4	Ď	3

1. PLACE OF DEATH	952		
County Somerset	Registration Dist. No. 262		
Village or City Cokesbury	ND. St., Ward		
()f	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
	2) 14t consessing to see		
2. FULL NAME John Henry Long			
(a) Residence: No.	St., Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH		
Male 4. Color OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.	June 27th 193 4 (Month) (Day) (Yaar)		
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of Florence Long	22. I HEREBY CERTIFY, That I attended deceased from		
	, 19, to, 19		
6. DATE OF BIRTH (month, day, and year) November23rd. 1866. 7. AGE Years Months Days If LESS than	I last saw h		
I day her	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	wera as follows:		
8. Trada, profession, or particular kind of work dona, as SPINNER, Farmer	no de in allendance		
SAWYER, BDDKKEEPER, atc. 1011111111111111111111111111111111111			
work was dona, as SILK MILL, SAW MILL, BANK, atc.	I heart trouble 0		
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date dacaased last workad at June this occupation (month and 1934) year) occupation if the			
12. BIRTHPLACE (city or town) Somerset County	Other Contributory Causes of Importance:		
(State or country) Mary Land.			
I			
4. BIRTHPLACE (city or town) Somerset County (State or country) Maryland.	Name of operation Date of		
	What test confirmed diagnosis? Was there an autopsy?		
	23. If daath was dua to axtarnal causas (VIOL ENCE) fill in also the following:		
[State ar county] [State ar county] [State ar county] [State ar country] [State ar country]	Accidant, suicida, or homicide?		
	Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT Florence Long	Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.		
(Addrass) R.F.) Pocomoke City, Md. 18. BURIAL GREMATION, OR REMOVAL	Marca of later		
Placa Somerset Co. 14 poate June 29th, 19 34	Nature of Injury		
19. UNDERTAKER VOLUME & Stevenson	24. Was disease or Injury in any way ralated to occupation of decaasad?		
(Address) Ocomoke City Maryland	If so, specifyA		
20. FILED. June 28, 1934 Samuel Scott	(Signed) Samuel Scott register m. D.		
Registrar.	(Address) Gocomoke Kity md.		

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a stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		GELAED	N P. M. L.	
Other contributory causes of importance:		Other contributory causes of importance:		
stones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

	CERTIFICATE OF DEATH 06284
1. PLACE OF DEATH	(13-2)
County Comerse	Registration Dist. No. 270
Village or City Chas Della	No. $R + 2 + 2$ St., Ward
(16	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Coretta Sarale	Miles
(a) Residence: No. Cris Jeeld A2 D# (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 8 (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That attended deceased from
	June 28, 1984, to June 28, 1934
6. DATE OF BIRTH (month, day, and year) May . 3 1733	I last baw h. L. alive on
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at _//_:/6 A_m.
2 2 0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Bacellary dysentery Jose 24
SAWYER, BOOKKEEPER, etc	/ / /
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	9
this occupation (month and spent in this year)	,
A 1 21 0,0412-	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Cristella (State or country)	
13. NAME Stands Of Dishort	
13. NAME Stanley L. Ville 14. BIRTHPLACE (city or town) Philadelyles	Name of operation Date of
(Stete or country)	
	What test confirmed diegnosis? Was there an autopsy? Wo-
I 1000 0000 0000 0000 0000 0000 0000 00	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Starley L. Mills (Address) Printed R+D+2	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Place Cen Date June 27, 1931	Nature of injury
19. UNDERTAKER John G Bradelu	24. Was disease or injury in any wey related to occupation of deceesed?
(Address) Cufull	If so, specify
20. FILED LINE 2919 3 11 C. E. Collins. Registrar.	(Signed) Sarel M. Jeg ton M.D. (Address) Chis feel Ind.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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	RYLAND—	CERTIFICATE OF DEATH	06285
1. PLACE OF DEATH		92-20	00450
County Lowers		Registration Dist. No.	270
Village or City Ma Crisfeeld	And.	No	t.,Ward
Length of residence in city or town where death occurred.	(1)	death occurred in a hospital or institution, give its NAME instead of street	et and number)
	yrsmos	ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME	1954 ·		
(a) Residence: No.	ace of abode)	St.,Ward.	
PERSONAL AND STATISTICAL PAR		If nonresident give city or tow MEDICAL CERTIFICATE OF DEA	
3. SEX 4. COLOR OF RACE 5. SINGLE, M OR DIVOR	ARRIED, WIOOWED, CED (write the word)	21. DATE OF DEATH Secure 2/ Secure (Month) (Oay)	, 193 /
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Maria Rigg	gin	22. I HEREBY CERTIFY, That I att.	anded daceased from
6. DATE OF BIRTH (month, day, and year) ahr. 24	1859	l last saw h alive on	
7. AGE Yaars Months Oays	If LESS than	to hava occurrad on the data statad above, a 550 P.m.	; death is sald
7.5 / 1 27	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	Torse Child
8. Trida, profession, or particular	l ormin.	were as tollows:	Oate of onset
8. Trida, profession, or particular kind of work done, as SPINNER, Jea Ford	1 Lealer	Cliebral Himorriage	6-11-34
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc			
- 4 cms occupation (month and	i time (years) pant in this coupation		
Longo se	170	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Sometime (Stata or country)	Md	High blood pressules	
13. NAME PROGRAM		ague nephrilis	6-11-34
13. NAME REGION 14. BIRTHPLACE (city or town)	In 1		
(State or country)	9,	Name of operation	
15. MAIDEN NAME Eleg well Pi	min	What test confirmed diagnosis? Was ther	
15. MAIOEN NAME Legalette 11. 16. BIRTHPLACE (city or town)		23. If daath was due to axtarnal ceuses (VIOLENCE) fill in also the fol Accident, suicide, or homicide? Date of injury	117
(Stata or country)		Whare did injury occur?	, 19
17. INFORMANT Mas, D. 2. Reggin	- Md	(Specify city or town, county an Specify whather injury occurred in INOUSTRY, In HOME, or in PUBL	d State) IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1	Mannar of injury	
Plece Cestary Cempley Data The	ce 24, 1934	Nature of injury	
19. UNDERTAKER Sawroz	c.nd.	24. Was disease or injury in any way related to occupetion of dacaase if so, specify	d?
20. FILED 24.19.34 C. E. C	ollins.	(Signed) Children (Addrass) Children (Addrass)	M. D.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago PHILDITALL X Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	1. PLACE OF DEA	TH	F MAR	YLAND-	CERTIFICATE OF DEATH	5286
	County_Som	erset Crisf	6Tel	WATER	-CORPORATE LIMIT Registration Dist. No.	65
	Village or City Length of residence in c			()li yrs,mos	No. St., death occurred in a hospital or institution, give its NAME instead of street and street an	d number)
	2. FULL NAME(a) Residence: No	Harry Ma	W Riggi In Str	eet	St., Ward. If nonresident give city or town a	nd State
-	PERSONAL AN	ID STATIST			MEDICAL CERTIFICATE OF DEATH	id State
3.		R OR RACE	S. SINGLE, MA	RRIED, WIDOWED,	21. DATE OF DEATH	, 1933 4
5a	I. If married, widowed, or divo HUSBAND of (or) WIFE of	orced N	ellie A	liggin	22. I HEREBY CERTIFY. Thet I attenda	
6.	DATE OF BIRTH (month, da	v and veer)	May 2	9 1884		⊬; daath is sald
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 5.3 of: m.	; daath is said
	50	0	16	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
TION	1 8 Trade profession of a	articular as SPINNER, EPER, etc	Nercha	nt	Cosonaly occlusion (aute)	Date of onset
OCCUPATION	9. Industry or business in work was done, as S SAW MILL, BANK,			ure Store		
0	10: Data decaased last wor this occupation (mo year)	nth and Ju	11. Total spe	time (yaars) ent in this upation		
12	2. BIRTHPLACE (city or town) (State or country)	Cris	field		Other Contributory Causes of Importance: John Danler	20 yeary
ER	13. NAME John	W Rigg				
FATHER	14. BIRTHPLACE (city or to (State or country)		field	ſδ	Name of operation Date of	
ER	15. MAIDEN NAME	Marv	J Ward		What test confirmed diegnosis? Claudel Was there an	
MOTHER	16. BIRTHPLACE (city or to (State or country)		risfiel	Md.	If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Where did injury occur?	
17	. INFORMANT	aymond S	terling		(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC P	ale) LACE.
18	BURIAL, CREMATION, OR R				Manner of injury	
	Placa Asbur	y Cem	Date Ju	ne 18, 19 34	Natura of injury	************
19	UNDERTAKER JOI (Addiass)		dshaw ield	wd-	24. Was disaase or injury in any way related to occupation of decaased?	no
20	FILED SALE 18, 1	1934 C	E Col	lus Registrar.	(Signad) S. M. Vey ton (Addrass) Chis Lelil, Mid.	M. D.

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Evample II

Example 1		Example 11		
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:	-	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			11-11-11-11	

STATE OF MA	RYLAND-	CERTIFICATE OF DEATH 062
1. PLACE OF DEATH Somerset		(31)
County	WITHIN CO	REPORATE LIMITS OF Registration Dist. No. 265
Village or City Crisfield	*	No
Length of residanca in city or town whare death occurred	50 dyrs,mo	If death occurred in a hospital or institution, give its NAME instead of street and numbersds. How long In U.S. if of foreign birth?yrs,mos
2. FULL NAME Mary A Riggin (a) Residence: No. Maryland A (Usual)	Ve place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH
OR DIVO	MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH 200 193
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Sydney Rigg		(Month) (Dey) (22. LHEREBY CERTIFY, That I attended dacee
1858 Exact d		July 1935, 19 , 10 Jule 26
7. AGE 76 Months Days	If LESS than 1 day,hrs. ormin,	to have occurred on the data stated above, at
8. Trada, profession, or particular kind of work done, as SPINNER, HOUSEW SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked in mount and this preparation (month and		Chom's hephritis
SAW MILL, BANK, etc 10. Date decessed last worked In OWN 11. To this occupation (month and year)	otal tima (yeers) spent in this occupation	7
12. BIRTHPLACE (city or town) (State or country) NY		Other Contributory Causes of importance:
		Wille Journey 02
14. BIRTHPLACE (city or town)	N Y	Name of oparation
	-	What test confirmed diagnosis? Was there an autops
15. MAIDEN NAME Ltddy Street 16. BIRTHPLACE (city or town) Chathar (State or country)		23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT II IL MILES	*1.*	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Grisfield Date Ju	ne. 27 , 19.34	Manner of injury
19. UNOERTAKER Cristicid Md. (Addrass)		24. Was disaese or injury in any way related to occupation of daceesed?
20. FILEO June 27 , 19 34. C. E.	Collins.	(Signed) lo ble all (Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Oete of onset

---- Was there an autopsy?----

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BUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

		***		CEDTIE	1047		0	-	-
SIAIL	OF	MARYL	AND-	CERIIF	ICAI	E	JF	DEF	\ I F

11	6	1)	((
1)	()	6	3	0

1. PLACE OF DEATH			
Village or City Curful	ma man con	Registration Dist. No. 26 No. St., death occurred in a hospital or institution, sive its NAME instead of street and nu	
Length of residence In city or town where	death occurredmos	ds. \\ How long in U.S. if of foreign birth?yrsmos	sds.
2. FULL NAME School	ika Infant	Boy	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWFD, OR DIVORCED (querite the word)	21. DATE OF DEATH (Month) (Oay)	193 T
5a, If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended do	eceased from
6. DATE OF BIRTH (month, day, and year)	June 5- 1934		death is said
7. AGE Years Months	Days If Less than 1 day, hrs. orhrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this cocupation	Still Born	
12. BIRTHPLACE (city or town) (State or country)	occupation .	Other Contributory Causes of Importance:	
	humika:	1200 DEA	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	fill, ml	Name of operation Date of What test confirmed diagnosis? Was there an au	Il norw?
15. MAIDEN NAME Ruly	Havis ,	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	efuld, mx	Accident, suicide, or homicide? Date of Injury Where did Injury occur?(Specify city or town, county and State)	, 19
17. INFORMANT MOZO. CAOO	Id ma	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLAC	CE.
18. BURIAL, CREMATION, OR REMOVAL	1. Oate June 6 1934	Manner of injury	
19. UNOERTAKER (Address)	Bradshau	24. Was disease or Injury In any way related to occupation of deceased?	
20. FILED Suna 6 19 34 C	E Collins Registrar.	(Signati) (Address) (Address)	M. D.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RETREAT				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenterilis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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ould OCC	County Somersot	Registration Dist. No.
	Village or City GArist M. E Church	ND. Overmole RADI
. 20		death occurred in a hospital or institution, give its NAME instead of death occurred. How long in U.S. if of foreign birth?yrs.
Every MANNS Ement	2. FULL NAME Annie 15, mas	
RD. YSIC state	(a) Residence: No. GRrist M. E. GRurce (Usual place of abode)	St., Ward. If nonresident give city or
PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
LY. EX.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)
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EX EX y cl	6. DATE OF BIRTH (month, day, and year) Sapt 27 1876	I last/saw b/R / alive on II and Both
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at Jt OA-m. The PRINCIPAL CAUSE OF DEATH and related causes of import were as follows:
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s sh	work was dona, as SILK MILL, Jarm Raber SAW MILL, BANK, etc. 1D. Data daceased last worked at this occupation (month and 1938 spent in this occupation occupation occupation).	β
Se se icti	12. BIRTHPLACE (city or town) . rg 1 m jac	Dther Contributory Causes of Importance:
NF.	# 13. NAME Table Snead	.,
y sul ain t	14. BIRTHPLACE (city or town) Conginia	Name of operation
INLY, WIY be carefull EATH in pl important.	15. MAIDEN NAME And the second of the second	23. If death was due to extarnal causes (VIOLENCE) fill in also the Accident, suicide, or homicide? Date of injure.
400	17. INFORMANT Relem Pautimace (Address) Strict M. + Church	Where did Injury occur?
KITE PL ion shoul USE OF 1	1978 HIAL, CREMATION, DR REMOVAN Chromos to M.C. Cerus Date June 3, 1934	Manner of injury

esident give city or town and State ATE OF DEATH (Day) LFY. That I attended decaased from d causes of importance Date of onset Mas there an autopsy?_ NO (CE) fill in also tha following: city or town, county and State) In HOME, or In PUBLIC PLACE. 24. Was disaase or injury in any way ralated to occupation of deceasad? if so, specify.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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V. S. No. 1

1. PLACE OF DRATH County Ward Length of residence in city or town/blane death occurred Length of residence in city or town/blane death occurred Length of residence in city or town/blane death occurred Length of residence in city or town/blane death occurred Length of residence in city or town/blane death occurred Length of residence in city or town and State PERSONAL AND STATISTICAL PARTICULARS Length of residence in city or town and State PERSONAL AND STATISTICAL PARTICULARS Length of residence in city or town and State PERSONAL AND STATISTICAL PARTICULARS Length of residence in city or town and State MEDICAL CERTIFICATE OF DEATH Length of residence in city or town and State MEDICAL CERTIFICATE OF DEATH Length of residence in city or town and State MEDICAL CERTIFICATE OF DEATH Length of residence in city or town and State MEDICAL CERTIFICATE OF DEATH Length of residence in city or town and State MEDICAL CERTIFICATE OF DEATH Length of residence in city or town and State MEDICAL CERTIFICATE OF DEATH Length of residence in city or town and State MEDICAL CERTIFICATE OF DEATH Length of residence in city or town and State MEDICAL CERTIFICATE OF DEATH Length of residence in city of town and State MEDICAL CERTIFICATE OF DEATH Length of residence in city of town and State MEDICAL CERTIFICATE OF DEATH Length of residence in city of town and State MEDICAL CERTIFICATE OF DEATH Length of residence in city of town and State MEDICAL CERTIFICATE OF DEATH Length of residence in city of town and State MEDICAL CERTIFICATE OF DEATH Length of residence city of town and State MEDICAL CERTIFICATE OF DEATH Length of residence in city of town and State MEDICAL CERTIFICATE OF DEATH Length of residence in city of town and State MEDICAL CERTIFICATE OF DEATH Length of residence in city of town and State MEDICAL CERTIFICATE OF DEATH Length of residence in city of town and State MEDICAL CERTIFICATE OF DEATH Length of residence in city of town and State MEDICAL CERTIFICATE OF DEATH Length o	STATE OF MARYLAND—	CERTIFICATE OF DEATH 06290
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Langth of residence in city or town where death occurred. (a) Residence: No. (Unsalphee of abode) (b) Residence: No. (Unsalphee of abode) (c) PERSONAL AND STATISTICAL PARTICULARS 3. SEX (COLOR OR RACE) (c) SINCE, MARKED, ON DIVORCED (write libs word) (d) ATE OF BIRTH (month, day, and year) (d) ATE OF BIRTH (month, day, and year) (e) DATE OF BIRTH (month, day, and year) (f) ANT OF BIRTH (month, day, and year) (i) B. DATE OF BIRTH (month, day, and year) (ii) B. DATE OF BIRTH (month, day, and year) (iii) B. DATE OF BIRTH (month, day, and year) (iii) B. DATE OF BIRTH (month, day, and year) (iii) B. DATE OF BIRTH (month, day, and year) (iii) B. DATE OF BIRTH (month, day, and year) (iii) B. DATE OF BIRTH (month, day, and year) (iii) B. DATE OF BIRTH (month, day, and year) (iii) B. DATE OF BIRTH (month, day, and year) (iii) B. DATE OF BIRTH (month, day, and year) (iii) B. DATE OF BIRTH (month, day, and year) (iii) B. DATE OF BIRTH (month, day, and year) (iii) B. DATE OF BIRTH (month, day, and year) (iii) B. DATE OF BIRTH (month, day, and year) (iii) B. DATE OF BIRTH (month, day, and year) (iii) B. DATE OF BIRTH (month, day, and year) (iii) B. DATE OF BIRTH (month, day, and year) (iii) B. DATE OF BIRTH (month, day, and year) (iii) B. DATE OF BIRTH (month, day, and year) (iii) B. DATE OF BIRTH (month, day, and year) (iii) B. B. DATE OF BIRTH (month, day, and year) (iii) B. B. DATE OF BIRTH (month, day, and year) (iii) B. B. B. DATE OF BIRTH (month, day, and year) (iii) B. B. B. DATE OF BIRTH (month, day, and year) (iii) B. B. B. DATE OF BIRTH (month, day, and year) (iii) B.		
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3. SIX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Graving that word) 5a. If married, widowed, or divorced flussand of cry wife of 5b. DATE OF DEATH 5c. DATE OF DEATH 1. Standard or or particular widowed, or divorced flow, wife of 6. DATE OF PIRTH (month, day, and year) 7. AGE 8. Trede, profession, or particular widowed, or divorced flow, wife of cry wife of 8. Industry or business in which words done, as STINIER, SAWIER, BOOKKEPER, 16. 1. Industry or business in which work acons as STINIER, SAWIER, BOOKKEPER, 16. 1. Industry or business in which work acons as STINIER, SAWIER, BOOKKEPER, 16. 1. Industry or business in which work acons as STINIER, SAWIER, BOOKKEPER, 16. 1. Industry or business in which work acons as STINIER, SAWIER, BOOKKEPER, 16. 1. Industry or business in which work acons as STINIER, SAWIER, BOOKKEPER, 16. 1. Industry or business in which work acons as STINIER, SAWIER, BOOKKEPER, 16. 1. Industry or business in which work acons as STINIER, SAWIER, BOOKKEPER, 16. 1. Industry or business in which work acons as STINIER, SAWIER, BOOKKEPER, 16. 1. Industry or business in which work acons as STINIER, SAWIER, BOOKKEPER, 16. 1. Industry or business in which work acons as STINIER, SAWIER, BOOKKEPER, 16. 1. Industry or business in which work acons as STINIER, SAWIER, BOOKKEPER, 16. 1. Industry or business in which work acons as STINIER, SAWIER, BOOKKEPER, 16. 1. Industry or business in which work acons as STINIER, SAWIER, BOOKKEPER, 16. 1. Industry or business in which work acons as STINIER, SAWIER, BOOKKEPER, 16. 1. Industry or business in which work acons as STINIER, SAWIER, BOOKKEPER, 16. 1. Industry or business in which was a course of importance. 1. SHITTHPLACE (city or town). 1. Industry or business in which work acons as STINIER, SAWIER, BOOKKEPER, 16. 1. SHITTHPLACE (city or town). 2. If dash was due to asternal causes (VIOL ENCE) fill in also tha foliowing:		
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The principal cause of death and related cause of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	B S S S S S S S S S S S S S S S S S S S
County William	Registration Dist. No. 264
Village or City W Exlere (It Length of residence In city or town where death occurred, yrs. — mos	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs, mos. ds.
2. FULL NAME 2 mostoetu	· Widdowson
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("agrice the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) \$1.1954	I last saw h a alive on , 19 , 19 , 19 , 19 , 19 , 19 , 19 , 1
7. AGE Years Months Days If LESS than 1 day, Chrs. or Grain.	to have occurred on the date stated above, atnt. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	P
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	//legiclere forth
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Town dead
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
13. NAME how we will keep on 14. BIRTHPLACE (city or town) (State or country)	Neme ef operation Date of What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Slowh Very	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19, Where did Injury occur?(Specify city or town, county and State)
17, INFORMANT (Address) Wiston, Sug	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
PlaceDate, 19	Naturo of injury
19. UNDERTAKER (Address) 20. FILED MAS 16. 1934 P.E. Diekmson	24. Was disease or Injury In eny way releted to occupation Theceased? If so, specify (Signed) M. D.
Registrar.	(Address) Levele Conflete 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CEDTIFICATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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	1		